State of Delaware

BENEFITS WORTH FLOCKING TO.

2018-2019 Plan Benefits Guide

Effective July 1, 2018

ChooseDelawaresPlan.com

Customer Service: **1-844-459-6452**

HIGHMARK® Delaware

PUTTING YOU FIRST IN THE PECKING ORDER

Timothy J. Constantine
President

Dear State of Delaware Employees and Pensioners:

Choosing health coverage is one of the most important decisions you make each year. Your health coverage is about more than covering your health care — it's about peace of mind and convenience.

When you choose *PPO Blue*[SM] from Highmark Blue Cross Blue Shield Delaware, you can be confident you're getting peace of mind with:

- Coverage recognized and accepted around the country and around the world
- Access to more than 2,000 Blue Distinction® Centers and Blue Distinction Centers+ nationwide for advanced specialty care
- A complete local network featuring 8 hospitals and more than 4,000 doctors and other providers in all specialties

You can also be confident you're getting convenience with:

- Free online tools and health resources at **highmarkbcbsde.com** to make managing your care and coverage easier
- Numerous health and wellness programs to help you get well, stay well, or manage a health condition
- Customer Care Advocates to make your health care and coverage journey easier

Our goal is to provide you with the highest-quality health care coverage and an exceptional member experience.

If you have any questions about your plan options, our local Customer Care Advocates are here to help, Monday through Friday, from 8 a.m. to 7 p.m. Just call 844-459-6452.

Sincerely,

Timothy J. Constantine
President

WHAT'S NEW FOR 2018-2019

Following are enhancements and updates that are effective with your 2018-2019 Highmark Blue Cross Blue Shield Delaware coverage beginning July 1, 2018:

First State Basic PPO Plan

3-D MAMMOGRAMS

- Covered at 100 percent under the preventive schedule

Comprehensive PPO Plan

3-D MAMMOGRAMS

- Covered at 100 percent under the preventive schedule

LABORATORY SERVICES

- $10 copay at at a non-hospital affiliated freestanding facility
- $20 copay at hospital affiliated facility

BASIC X-RAYS:

- No copay at a non-hospital affiliated freestanding facility
- $35 copay at hospital affiliated facility

MRIS, MRAS, CTS, CTAS, AND PET SCANS:

- The copay for services performed at hospital affiliated facilities has increased to $50

BLUE DISTINCTION® SPECIAL CARE BENEFIT FOR KNEE, HIP, AND SPINE SURGERY:

- Services at a Blue Distinction Center are covered at the in-network facility benefit level
- $500 copay at in-network facilities that are not Blue Distinction Centers

THE ADVANTAGES OF YOUR *PPO BLUE* COVERAGE...

PPO Blue gives you access to a large network of providers

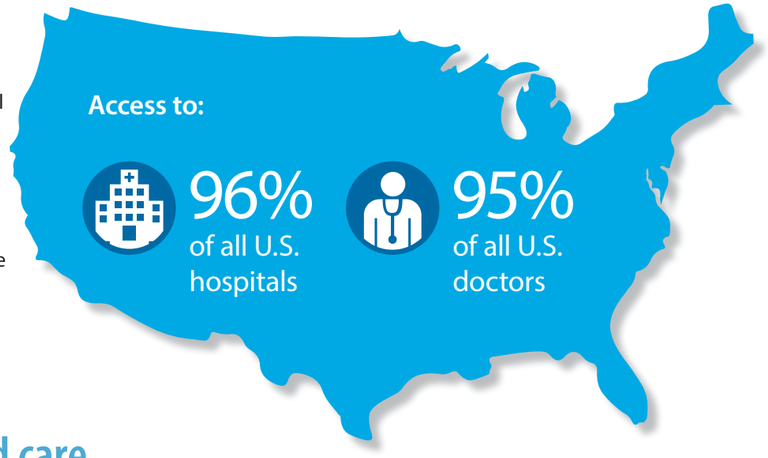
PPO Blue gives you access to a large network of physicians, hospitals, and other providers. For the highest level of benefits, you must receive care from an in-network provider.

No referrals needed

While you don't need a referral from a primary care provider, it's a good idea to choose a doctor to become your "family doctor" to provide your primary care. This doctor is better able to coordinate all your care, since he or she has your health history.

PPO Blue gives you control over your care

PPO Blue puts you in charge and gives you control over your care. You decide who provides your care. And you determine the level of coverage you receive. That means, for most services, you can receive care from an out-of-network provider and still be covered. However, you may be responsible for additional amounts above the allowable charge.



You get a range of covered care

PPO Blue provides comprehensive health care coverage. You're covered for preventive and sick care, as well as inpatient and outpatient hospital care. The following are some of your coverage highlights:

Preventive care

This vital care can help you stay on top of your medical needs and establish a healthy lifestyle. That's why we encourage members to take advantage of the excellent preventive care benefits of *PPO Blue*.

Worldwide care

It's reassuring to know that your *PPO Blue* coverage includes travel benefits for critical and urgent care. *PPO Blue* provides all of the services of the Blue Cross Blue Shield Global Core program. These services include access to a worldwide network of care providers. Medical assistance services are included as well. You access these services by calling **1-800-810-BLUE.** Remember, the Cross and Shield symbols on your ID card are recognized around the world — that's important protection.

Emergency care

More than anything, you want the reassurance of knowing that you're covered when you need care most. *PPO Blue* covers emergency care received within or outside the network. If you believe that you are having a medical emergency and need immediate treatment, go directly to your nearest hospital emergency room or call 911 or your area's emergency number.

In some situations, such as strains or sprains, fevers and sore throats, it may make sense to contact an in-network doctor, go to the nearest urgent care center or go to your local network retail health clinic (typically found in pharmacies). Or, you can also take advantage of telemedicine for minor illnesses.

Quality specialty care

When you're facing an important medical procedure, you want to choose experienced health professionals and hospitals that have achieved the best results. Blue Distinction is a designation awarded by the Blue Cross and Blue Shield Association to hospitals that deliver superior results for complicated, costly procedures. In general, patients treated at Blue Distinction Centers have better outcomes, fewer complications and readmissions, and higher survival rates.

Blue Distinction specialty care benefits

Your plan provides a benefit for selected procedures and conditions for bariatric surgery, transplants, and knee, hip, and spine procedures. To determine the coverage under your plan, call a Customer Care Advocate at 1-844-459-6452.

Covered procedures and conditions:

BARIATRIC SURGERY

- Roux-en-Y gastric bypass
- Vertical banded gastroplasty
- Biliopancreatic bypass
- Biliopancreatic bypass with duodenal switch
- Adjustable gastric banding
- Gastric sleeve resection
- Revision of gastric restrictive procedures

TRANSPLANTS

- Heart
- Lung (deceased and living donor)
- Combination heart/lung
- Liver (deceased and living donor)
- Simultaneous pancreas kidney (SPK)
- Pancreas (PAK/PTA)
- Bone marrow/stem cell (autologous and allogenic)

KNEE AND HIP REPLACEMENT AND SPINE SURGERY

Benefits for knee and hip replacement and spine surgery are covered by your Blue Plan. To determine the coverage under your plan, call a Customer Care Advocate at 1-844-459-6452.

Knee and hip replacement

- Total knee replacement
- Total hip replacement

Spine surgery

- Cervical and lumbar fusion
- Cervical laminectomy
- Cervical laminectomy/discectomy procedures

Find a location

There are two Blue Distinction recognition programs for hospitals.

BLUE DISTINCTION CENTERS
Facilities recognized for their **expertise** in delivering specialty care.

BLUE DISTINCTION CENTERS+
Facilities recognized for their **expertise** and **efficiency** in delivering specialty care.

Both have a proven history of delivering better results than hospitals without these recognitions.

It's easy to find a Blue Distinction Center or Blue Distinction Center+. Simply call Customer Service at **1-844-459-6452**, and a representative will help you find the location that's best for your needs.

You can also use the Provider Search tool on your member website, **highmarkbcbsde.com**. Look for providers with the Blue Distinction designation.

FIRST STATE BASIC PPO PLAN

This summary of benefits is intended to briefly highlight the health plans available.
All percentages listed refer to Highmark Delaware's allowable charges.

DESCRIPTION OF BENEFIT	IN-NETWORK BENEFITS	OUT-OF-NETWORK BENEFITS
Deductibles–Plan Year	$500 Individual, $1,000 Family	$1,000 Individual, $2,000 Family
Total Maximum Out-of-Pocket Expenses (TMOOP) Plan Year (includes deductibles, copays and coinsurance)	$2,000 Individual, $4,000 Family	$4,000 Individual, $8,000 Family
Inpatient Room and Board	90% covered[1*]	70% covered[2*]
Inpatient Physician and Surgeon		
Outpatient Surgery		
Bariatric Surgery	See footnote [3,4]	See footnote [3,4]
Hospice	90% covered[1*]	70% covered[2*]
Home Care Services	90% covered 240 visits per plan year[1*]	70% covered 240 visits per plan year[2*]
Emergency Services	90% covered[1,3]	90% covered[1,3]
Urgent Care Services	$25 copay	$25 copay
MENTAL HEALTH CARE/ SUBSTANCE ABUSE TREATMENT		
Inpatient Hospital Care and Partial/ Intensive Outpatient Care	90% covered[1*]	70% covered[2*]
Outpatient Care	90% covered[1]	70% covered[2]
OTHER SERVICES		
Durable Medical Equipment	90% covered[1]	70% covered[2]
Skilled Nursing Facility	90% covered 120-day limit (renewable after 180 days)[1*]	70% covered 120-day limit (renewable after 180 days)[2*]
Emergency Ambulance	90% covered[1]	70% covered[2]
Physician Home/ Office Visits (sick)		
Specialist Care		
Allergy Testing and Allergy Treatment		
Lab[***] and X-Ray		
MRIs, MRAs, CTs, CTAs PET Scans and Imaging Studies	90% covered (Prior auth. required)[1*]	70% covered (Prior auth. required)[2]
Short-Term Therapies: Physical, Speech, Occupational	90% covered (The maximum number of visits allowed for a specific diagnosis is determined by medical necessity)[1]	70% covered (The maximum number of visits allowed for a specific diagnosis is determined by medical necessity)
Annual PAP Smear and Gyn Exam	100% covered[6]	70% covered[6]
Periodic Physical Exams, Immunizations		
Mammograms - Routine		
Hearing Tests - Routine	100% covered[6]	70% covered[6]
Hearing Aids	90% covered up to the age of 24[1]	70% covered up to the age of 24[2]
Chiropractic	90% covered /30 visits per plan year[1]	75% covered/30 visits per plan year[2]
All Infertility Services	75% covered /$10,000 lifetime max[1,5*]	55% covered /$10,000 lifetime max[2,5*]

Please note: Existing contracts and laws supercede any discrepancies with this brief benefits overview.

[1] In-network benefits are subject to a plan year deductible of $500 per person ($1,000 per family). Two individuals must meet the deductible for the family deductible to be met. Benefits are then covered at the indicated percentage for that service until the total maximum out-of-pocket totals $2,000 per person ($4,000 per family). Two individuals must meet the total maximum out-of-pocket expense limit for benefits to be paid at 100% of the allowable charge for the rest of the family members.

[2] Out-of-network benefits are subject to a plan year deductible of $1,000 per person ($2,000 per family). Two individuals must meet the deductible for the family deductible to be met. Benefits are then covered at the indicated percentage for that service until the total maximum out-of-pocket totals $4,000 per person ($8,000 per family). Two individuals must meet the total maximum out-of-pocket expense limit for benefits to be paid at 100% of the allowable charge for the rest of the family members.

[3] Facility charges and professional services for bariatric surgery performed at a Blue Distinction Center for Bariatric Surgery (BDCBS) are covered at the in-network facility benefit level. For bariatric surgery performed at participating , but non-BDCBS facilities, all charges and services are subject to a 25% coinsurance, which does not accumulate toward any total maximum out-of-pocket expense limit. Members must meet eligibility criteria regardless of place of service.

[4] Facility charges and professional services for bariatric surgery performed at a non-participating facility are covered under the out-of-network benefit. All charges and services are subject to a 45% coinsurance which does not accumulate toward any total maximum out-of-pocket limit. Members must meet eligibility criteria regardless of place of service.

[5] Coinsurance does not apply toward the total maximum out-of-pocket expense limit on infertility services.

[6] Not subject to deductible.

[*] Prior authorization or precertification is required. The list of applicable services is subject to change.

[**] Cost-sharing is the responsibility of the member for any deductible or coinsurance.

[***] To receive in-network benefits, be sure to use your designated lab facility.

This plan is subject to certain limitations and exclusions. See your Benefit Booklet and Summary of Benefits and Coverage for details.

COMPREHENSIVE PPO PLAN

This summary of benefits is intended to briefly highlight the health plans available.
All percentages listed refer to Highmark Delaware's allowable charges.

DESCRIPTION OF BENEFIT	IN-NETWORK BENEFITS	OUT-OF-NETWORK BENEFITS
Deductibles–Plan Year	None	$300 Individual, $600 Family
Total Maximum Out-of-Pocket Expense Limit Plan Year (includes copays and coinsurance)	$4,500 Individual, $9,000 Family	$7,500 Individual, $15,000 Family
Inpatient Room and Board*	$100 copay per day for first 2 days of admission then covered at 100%*	80% covered[1*]
Inpatient Physician and Surgeon Services	100% covered[2]	
Outpatient Surgery	Ambulatory Center: $50 copay/Outpatient Dept. Hosp.: $100 copay	80% covered[1]
Bariatric Surgery	See footnote[2]	See footnote[1,3]
Hospice	100% covered*	80% covered[1*]
Home Care Services	100% covered for up to 240 visits per plan year*	80% covered for up to 240 visits per plan year[1*]
Emergency Services	Facility: $150 copay, waived if admitted	Facility: $150 copay, waived if admitted
Urgent Care Services	$20 copay	80% covered[1]
MENTAL HEALTH CARE/ SUBSTANCE ABUSE TREATMENT		
Inpatient Hospital Care and Partial/ Intensive Outpatient Care	$100 copay per day for the first 2 days per admission then covered at 100%[5] (Partial / Intensive outpatient care are not subject to the $100 copay)	80% covered[1]
Outpatient Care	$20 copay per visit	80% covered[1]
OTHER SERVICES		
Durable Medical Equipment	100% covered	80% covered[1]
Skilled Nursing Facility	100% covered for up to 120 days, renewable after 180 days without care*	80% covered for up to 120 days, renewable after 180 days without care[1*]
Emergency Ambulance	100% covered	100% covered
Physician Home/ Office Visits (sick)	$20 copay	80% covered[1]
Specialist Care	$30 copay	
Allergy Testing and Allergy Treatment	Testing: $30 copay per visit Treatment: $5 copay per visit	
Lab[***] and X-Ray	Lab: $10 copay at Non-Hospital Affiliated Freestanding Facility/$20 copay at Hospital Affiliated Facility X-Ray: no charge at Non-Hospital Affiliated Freestanding Facility/$35 copay at Hospital Affiliated Facility	
MRIs, MRAs, CTs, CTAs and PET Scans	100% if done at a Non-Hospital Affiliated Freestanding Facility $50 copay per visit at Hospital Affiliated Facility	80% covered[1]
Short-Term Therapies: Physical, Speech, Occupational	85% covered (The maximum number of visits allowed for a specific diagnosis is determined by medical necessity)	80% covered (The maximum number of visits allowed for a specific diagnosis is determined by medical necessity)[1]
Annual Pap Smear and Gyn Exam	100% covered	80% covered[1]
Periodic Physical Exams, Immunizations	100% covered	
Mammograms	100% covered	
Hearing Tests	100% covered	80% covered[1]
Hearing Aids	100% covered up to the age of 24	80% covered up to the age of 24[1]
Chiropractic	85% covered/30 visits per plan year	80% covered/30 visits per plan year[1]
All Infertility Services	75% covered/$10,000 lifetime max[4*]	55% covered/$10,000 lifetime max[1,4*]

Please note: Existing contracts and laws supercede any discrepancies with this brief benefits overview.

[1] Out-of-network benefits are subject to a plan year deductible of $300 per person ($600 per family). Two individuals must meet the deductible for the family deductible to be met. Benefits are then covered at the indicated percentage for that service until the total maximum out-of-pocket totals $7,500 per person ($15,000 per family). Two individuals must meet the total maximum out-of-pocket expense limit for benefits to be paid at 100% of the allowable charge for the rest of the family members.

[2] Facility charges and professional services for bariatric surgery performed at a Blue Distinction Center for Bariatric Surgery (BDCBS) are covered at the in-network facility benefit level. For bariatric surgery performed at participating , but non-BDCBS facilities, all charges and services are subject to a 25% coinsurance, which does not accumulate toward any total maximum out-of-pocket expense limit. Members must meet eligibility criteria regardless of place of service.

[3] Facility charges and professional services for bariatric surgery performed at a non-participating facility are covered under the out-of-network benefit. All changes and services are subject to a 45% coinsurance, which does not accumulate toward any total maximum out-of-pocket expense limit. Members must meet eligibility criteria regardless of place of service.

[4] Coinsurance does not apply toward the total maximum out-of-pocket expense limit on infertility services.

[5] In-netowrk MH/SA benefit is for inpatient hospital care. Partial / intensive out patient care is covered at 100%

[*] Prior authorization or precertification is required. The list of applicable services is subject to change.

[**] Cost-sharing is the responsibility of the member for any deductible or coinsurance.

[***] To receive in-network benefits, be sure to use your designated lab facility.

This plan is subject to certain limitations and exclusions. See your Benefit Booklet and Summary of Benefits and Coverage for details.

SUMMARY OF BENEFITS MEDICARE SUPPLEMENT PLAN

SPECIAL MEDICFILL (ADMINISTERED BY HIGHMARK DELAWARE)

State of Delaware Pensioners, spouses, and dependents who are enrolled in Medicare Part A and Part B for primary medical coverage and also eligible for or enrolled in the Highmark Delaware Special Medicfill Medicare Supplement plan, **DO NOT make changes in Special Medicfill coverage until a separate Open Enrollment period available in October 2018 for calendar year 2019**. This plan supplements Medicare. Unless otherwise indicated on the Benefit Highlights pages included in this booklet, benefits will be paid as noted only after Medicare pays its full amount.

The following chart provides a Summary of Benefits for the 2018 Highmark Delaware Special Medicfill Medicare Supplement plan offered through the State of Delaware Group Health Insurance Program for Medicare participants. This Summary of Benefits is intended as a highlight of the Special Medicfill Medicare Supplement plan available. A Summary Plan Booklet is available to view online at **ben.omb.delaware.gov/medical/bcbs**.

DESCRIPTION OF BENEFIT	MEDICARE	SPECIAL MEDICFILL
Inpatient Hospital Days 1 thru 60	Pays all but the Part A deductible for each benefit period	Covers the Part A deductible
Inpatient Hospital Days 61 thru 90	Pays all but a specified dollar amount of coinsurance per day for each benefit period	Covers the specified dollar amount of coinsurance
Inpatient Hospital Days 91 thru 120	Pays nothing*	Covers care in a general hospital (except mental & nervous). These days may be used before Medicare's 60 lifetime reserve days. If lifetime reserve days are used, the Plan covers.
Inpatient Hospital Days 121 thru 365		
Hospice	Pays all for hospice care. Pays 95% of the Medicare-approved amount for up to 5 days of inpatient respite care. You must receive care from a Medicare certified hospice.	Covers 5% coinsurance for up to 5 days of inpatient respite care
Emergency Services	Pays all but a specified copayment for the hospital emergency room visit. Pays 80% of the Medicare-approved amount for the doctor's services, and the Part B deductible applies. Costs may be different if admitted to the hospital	Covers specified copayment for emergency room visit. Covers Part B deductible and 20% of the Medicare-approved amount for doctor's services
Prosthetics and Durable Medical Equipment	Pays 80% of the Medicare-approved amount after the Medicare Part B deductible	Covers Part B deductible and 20% of the Medicare-approved amount
Physician Home and Office Visits		
Specialist Care / Chiropractic Care	Pays 80% of the Medicare-approved amount after the Medicare Part B deductible for specialist care and chiropractic manipulations. Pays nothing for any other services or tests ordered by a chiropractor	Covers Part B deductible and 20% of the Medicare-approved amount for specialist care and chiropractic manipulations. Covers nothing for any other services or tests ordered by a chiropractor
Emergency Ambulance	Pays 80% of the Medicare-approved amount after the Medicare Part B deductible	Covers Part B deductible and 20% of the Medicare-approved amount
X-Ray, Lab and Other Diagnostic Services, Radiation Therapy	Generally pays 80% of the Medicare-approved amount after the Medicare Part B deductible. Pays all for certain blood tests, urinalysis and some screening tests	Covers Part B deductible and 20% of the Medicare-approved amount. Covers nothing for services for which Medicare pays all
Outpatient Rehabilitation Services, Occupational Therapy, Physical Therapy, Speech Therapy	Pays 80% of the Medicare-approved amount after the Medicare Part B deductible	Covers Part B deductible and 20% of the Medicare-approved amount
Routine Gyn Exam, Pap Smear, Mammogram	Pays all for the lab Pap test, Pap test specimen collection, pelvic exam or the mammogram if the provider accepts assignment. Pap tests and pelvic exams generally covered once every 24 months. Screening mammograms covered once every 12 months for women age 40 and older, plus one baseline mammogram covered for women between 35–39.	When covered by Medicare, this Plan covers nothing. When Pap smear is not covered by Medicare, covers 100% of the Medicare-approved amount for a Pap smear every 12 months
Prostate Cancer Screening Exams (age 50 and over)	Pays all for the PSA test. For the digital rectal exam, pays 80% of the Medicare-approved amount after the Part B deductible. PSA and digital rectal exam covered once every 12 months	Covers nothing for PSA test. For digital rectal exam, covers Part B deductible and 20% of the Medicare-approved amount
Periodic Physical Exams	Pays all for the "Welcome to Medicare" preventive visit or the "Yearly Wellness Visit," if the provider accepts assignment. Yearly Wellness Visit covered once every 12 months .	Covers nothing for "Welcome to Medicare" preventive visit or "Yearly Wellness Visit"
Flu and Pneumonia Vaccines	Pays all if the provider accepts assignment **Pneumonia**–generally covered once per lifetime **Flu**–covered once per flu season	Covers nothing for flu and pneumonia vaccines
Routine Vision Exams	Not Covered	Not covered; however, discounts are available through your eyewear discount program administered by Davis Vision

*Medicare's 60 Lifetime Reserve Days may be used only once; they are not renewable.

IT'S EASIER TO GET THE MOST FROM YOUR COVERAGE

Make the most of your member website, highmarkbcbsde.com.

Are you registered?

Are you registered on your member website? Once enrolled, take a couple of minutes to complete an online form and choose a login ID and password. Your information will process promptly.

Access helpful **health care tools** to manage your care costs, choose the right providers, and plan for your care.

FIND A DOCTOR

Locate primary care providers, specialists, hospitals, imaging and surgery centers, and urgent care centers near you. Get quality information about providers. Check out the Patient Experience Reviews and write one of your own.

CARE COST ESTIMATOR

Get cost estimates and quality information on surgical and imaging procedures, lab tests, and office visits to help you shop for the best value.

MANAGE YOUR CLAIMS AND SPENDING

Check on claims, view EOBs, get alerts, and view your progress toward deductible and out-of-pocket limits.

TELEMEDICINE

Take advantage of video consultations from board-certified doctors for quick help with minor illnesses and injuries and behavioral health.

DIABETES PREVENTION

Many people have prediabetes and don't even know it. Prediabetes is a serious health problem that increases a person's risk of getting type 2 diabetes and other chronic health conditions.

Our Diabetes Prevention program will help you find out if you have prediabetes. If you do, we'll show you how to make the lifestyle changes that can help prevent type 2 diabetes. The program is covered at 100% with no out-of-pocket costs.

TWO PROGRAMS ARE AVAILABLE:

- In-person, at participating YMCA locations
- Online, through Retrofit℠

To see if you are eligible for the program, log in to your member website, **highmarkbcbsde.com**, and click on **Diabetes Prevention**.

DOCTOR MATCH

Everybody has their own health care personality. Somewhere out there, there's a doctor who's perfect for you.

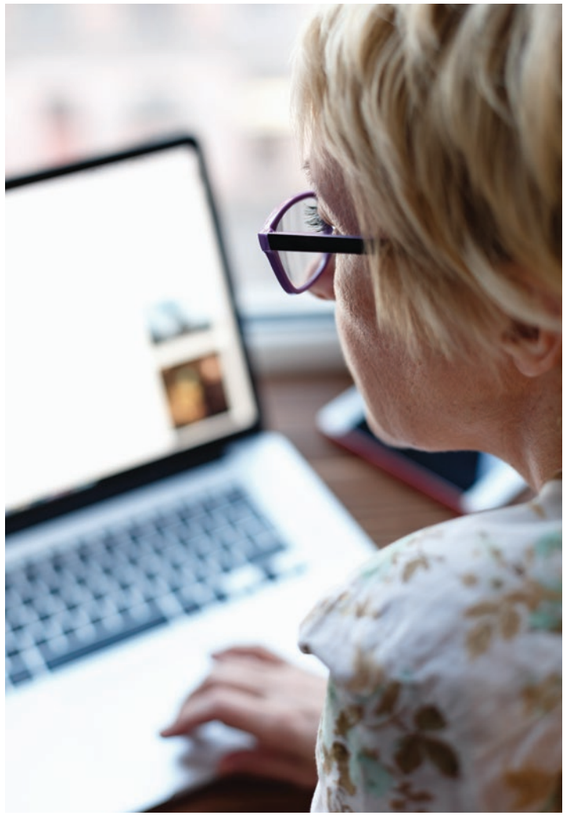
Doctor Match is an easy-to-use digital tool that connects members with doctors who share their ideas about the best way to care for their health.

Doctor Match uses an online survey to determine your health care philosophy and needs. The survey asks about aspects of care ranging from your preference for alternative medicine to your taste for a doctor who's friendly and talkative. It then offers a selection of primary care doctors or OB-GYNs who match your health care style.

Doctor Match takes the worry out of switching doctors by giving you the assurance that your new doctor will really "get you."

To find your perfect match, visit
DrMatchQuiz.com
and answer a few basic questions.

The quiz takes about 10 minutes, but the results can last a lifetime.



SEE A DOCTOR ON YOUR TIME

Telemedicine helps you feel better faster

At 3 a.m., you wake up with a fever and a rash. Rather than waiting until morning, you can connect with a doctor right away through telemedicine. The doctor diagnoses your condition and sends a prescription directly to your pharmacy. **Telemedicine is a convenient way to get needed non-emergency care at odd hours, when traveling, or when your primary care provider is not available.**

A video visit with a doctor using your computer, tablet, or smartphone

You have 24/7 access

With telemedicine, you and your family have access — day or night, seven days a week — to U.S. licensed, board-certified doctors. These doctors diagnose and treat most non-emergency illnesses. They can even prescribe medications when appropriate.

When to use telemedicine

Consider telemedicine for a sinus infection, upper respiratory infection, bronchitis, flu, conjunctivitis, cough, and sore throat. Eighteen of the top 20 reasons people visit urgent care centers can be treated through a telemedicine visit.

"I was seen immediately, got some eyedrops, and was on my way!"

Register and download the app to get started

We have partnered with Amwell® (American Well®) and Doctor On Demand™ to offer you the broadest coverage. You will have access to convenient care that is just a click away. Visit **amwell.com** or **doctorondemand.com** and follow the instructions to register and download their mobile apps. You can use either or both of these services, depending on their availability in your area.

TELEMEDICINE OFFERS:

Access from wherever you are. Home. Office. Vacation.

Access whenever you want — 24/7.

No travel and minimal wait time.

BLUES ON CALL℠ HEALTH COACHES HAVE THE ANSWERS

Imagine these situations:

- You've tried to lose weight, quit tobacco, or manage stress — and failed. How can you succeed this time?
- You've been newly diagnosed with diabetes, heart disease or asthma. What do you need to know and do to manage your condition properly?
- Your doctor told you that your cholesterol numbers aren't healthy. What exactly do the numbers mean? What can you do to make them healthy?
- You've been having back pain for a long time. Do you really need an operation?
- Your family has a history of heart disease. What can you do to protect yourself?
- Your soccer player injured her ankle, and it's really painful. Should she go to the emergency room?
- Your health is good. How can you keep it that way?

Our licensed professional health coaches can help you answer your health questions and guide you to solutions for your health problems. A health coach provides information and support — at no cost to you. Health coaches are specially trained to answer your questions and support you in making informed health decisions.

Looking for a physician, specialist, hospital, lab, or other care facility near you?

Look no further than your Highmark Delaware member website where you can "Find a Doctor."

You can also track and manage all of your personal health information, including EOBs (Explanation of Benefits) and EOPs (Explanation of Payments), online at your Highmark Delaware member website.

A health coach may call you

If you have a health condition, a health coach may call to offer you resources that can help you manage it better. We encourage you to talk about these with your health coach.

It's confidential and voluntary

All information shared during your phone conversations with a health coach will remain confidential and will not be shared with your employer, your manager, or other employees. There is no obligation to participate in the programs offered. If you do not want to participate in coaching conversations, simply tell the health coach and no further attempt will be made to contact you.

Make the call

Get the answers you need. Call a health coach at 1-888-BLUE-428 (1-888-258-3428) for assistance.

SEVEN WAYS TO SAVE TIME AND MONEY — KNOW YOUR CARE OPTIONS

When you are sick or injured, the last thing you want to do is wonder where to go for care. Understanding your options now will make decisions easier when you need care. Here are some ways to take charge of your health and save time and money, too.

1 Choose network providers

Network providers are doctors, hospitals, and other health care providers that have an agreement with your health plan. You have the highest level of coverage and pay the least when you go to a network provider. If you are treated by an out-of-network provider, you are responsible for a larger share of the costs. You may also need to pay any difference between the amount your plan pays and the provider's charge for the service, and you may have to file your own claims.

2 Start with your doctor

Your primary care doctor is the best place to start when you're sick or hurt. This doctor knows your health history and can help you make informed choices. Emergency rooms are the best place for treating severe and life-threatening conditions.

If you get sick or hurt when your doctor's office is closed and you're not faced with an emergency, you have several options.

3 Consider urgent care centers, retail clinics, and/or telemedicine

These options offer you quality care and could save you time and money. In fact, you could pay up to three times less for the same care you would get in an emergency room!

- **Medical aid units**
  Medical aid units (MAUs) are urgent care facilities that treat injuries or illnesses that are not life-threatening but require care within a few hours or the same day. With an MAU, you don't need an appointment, and you may avoid the longer waits you might find at a busy emergency department (ED).

  MAUs are staffed by medical professionals, who may include physicians, nurse practitioners, and physicians' assistants. Many offer on-site diagnostic equipment, including X-ray and laboratory services, and are generally open at times when your doctor's office may be closed.

  MAU services are covered by your health benefits plan. The cost to you (your copay) is lower if you seek care from an MAU or urgent care center instead of an ED. In addition, to see the most up-to-date list of MAUs and their locations, visit highmarkbcbsde.com, click on Find Doctor, Lab, Hospital and choose Urgent Care Center from the Health Facilities or Ancillary Provider dropdown menu.

  Examples of conditions requiring non-emergency care include:
  - Minor lacerations requiring stitches
  - Joint sprains
  - Cuts and minor burns
  - Headaches
  - Muscle, joint, and back pain
  - Mild asthma attacks
  - Fevers and flu
  - Allergies
  - Coughs and colds
  - Routine infections, such as ear, throat, sinus, and bladder infections
- **Retail clinics**
  Retail clinics provide basic health care services. They're usually in drug stores and open every day. Retail clinics are staffed by certified registered nurse practitioners who treat common health problems, such as colds, flu, or rashes.
- **Telemedicine**
  With online technology, you can get care for minor illnesses or behavioral health-related issues without leaving home.

4 Use imaging centers

X-rays, CT scans, MRIs, and other imaging tests can cost 30 percent more at hospitals than at non-hospital affiliated free-standing imaging facilities. The next time your doctor orders an imaging or radiology test, consider going to a non-hospital affiliated freestanding imaging facility instead. You may save time and money.

5 Use independent labs

You enjoy the same kind of savings by going to independent labs rather than hospitals. And since labs are dedicated to providing tests that measure blood cell count, glucose and cholesterol levels, and thyroid functions, you may get more efficient service. In Delaware, LabCorp is Highmark Delaware's only in-network non-hospital affiliated preferred lab.

6 Send test results to all your care providers

Make sure your medical test results are shared with all appropriate care providers. This helps to avoid the additional costs of duplicate tests and procedures and keeps your health care providers informed.

NEED HELP FINDING PROVIDERS?

If you do not have a doctor or want to find an urgent care center or retail clinic, we can help.

By Phone — Call Customer Service at 1-844-459-6452.

Online — Log in to your member website at highmarkbcbsde.com and select the **Find a Doctor** tab.

7 Compare care costs

Look up typical medical expenses for care procedures and compare costs at network facilities and hospitals on your member website. Register at highmarkbcbsde.com. Then click on Care Cost Estimator.

Save time and money

Where you get care makes a difference:

- If your doctor isn't available:
  - Use an urgent care center or retail clinic instead of an ER for non-emergencies
  - Take advantage of telemedicine options
- Get an X-ray, MRI, CT scan, or other imaging services at a non-hospital affiliated freestanding facility instead of a hospital affiliated facility
- Use a non-hospital affiliated lab instead of a hospital affiliated lab for blood tests

MAKE THE CALL

Your Customer Care Advocacy team can help with all your health coverage and care questions.

The Highmark Customer Care Advocacy team is your one-call resource for all matters relating to your health care coverage.

Whether you have questions about your health coverage benefits, want to learn about wellness programs that are available to you, need help managing a chronic condition, or have questions about a claim, calling one phone number gives you direct access to a Customer Care Advocate trained to answer your questions and solve your problems.

When you call, a Customer Care Advocate may ask you a few questions about other services that may interest you to ensure you get the most from your benefits.

Representatives are available Monday – Friday, 8 a.m. – 7 p.m.

All conversations are strictly confidential, and information discussed during the call will not be shared with your employer.

CALL 844-459-6452 TODAY TO:

- Ask if a procedure is covered by your plan
- Find out where to go for the most cost-effective care
- Get help to stop smoking
- Talk about an upcoming surgery
- Establish a diet and exercise plan

2018-2019 ROAMING CUSTOMER SERVICE SCHEDULE

NEW CASTLE COUNTY

NEWARK SENIOR CENTER
200 Whitechapel Dr.
Newark, DE 19713-3811
302-737-2336
Tuesdays & Thursdays

CLAYMORE SENIOR CENTER
504 S. Clayton St.
Wilmington, DE 19805-4211
302-428-3170
Tuesdays & Thursdays

KENT COUNTY

MAMIE WARREN SENIOR CENTER
1775 Wheatleys Pond Rd.
Smyrna, DE 19977-3812
302-653-4078
Wednesdays

MODERN MATURITY CENTER
1121 Forest Ave, Rte 8
Dover, DE 19904-3308
302-734-1200
Thursdays

HARRINGTON SENIOR CENTER
102 Fleming St.
Harrington, DE 19952-1145
302-398-4224
Tuesdays

SUSSEX COUNTY

MILFORD SENIOR CENTER
111 Park Ave.
Milford, DE 19963-1443
302-422-3385
Tuesdays

LEWES SENIOR CENTER
310A Nassau Park Road
Lewes, DE 19958
302-645-9293
Fridays

SEAFORD/NANTICOKE SENIOR CENTER
1001 W. Locust St.
Seaford, DE 19973-2124
302-629-4939
Fridays

For dates and times for an onsite consultation with a Customer Care Advocate, please call **844-459-6452.**

* Please note that dates are subject to change. Please call Customer Service to verify.

Highmark Blue Cross Blue Shield Delaware is an independent licensee of the Blue Cross and Blue Shield Association. Away from Home Care, Blue Care, Blue Distinction Center for Bariatric Surgery and BlueCard are registered marks, and Blues On Call and PPO Blue are service marks of the Blue Cross and Blue Shield Association.

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The Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Discrimination is Against the Law

The Claims Administrator/Insurer complies with applicable Federal civil rig
laws and does not discriminate on the basis of race, color, national origin, a
disability, or sex, including sex stereotypes and gender identity. The Claims
Administrator/Insurer does not exclude people or treat them differently b
of race, color, national origin, age, disability, or sex assigned at birth, gende
identity or recorded gender. Furthermore, the Claims Administrator/Insure
will not deny or limit coverage to any health service based on the fact that an individual's sex assigned at birth, gender identity, or recorded gender is different from the one to which such health service is ordinarily available. The Claims Administrator/Insurer will not deny or limit coverage for a specific health service related to gender transition if such denial or limitation results in discriminating against a transgender individual. The Claims Administrator/Insurer:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact the Civil Rights Coordinator.

If you believe that the Claims Administrator/Insurer has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, including sex stereotypes and gender identity, you can file a grievance with: Civil Rights Coordinator, P.O. Box 22492, Pittsburgh, PA 15222, Phone: 1-866-286-8295, TTY: 711, Fax: 412-544-2475, email: CivilRightsCoordinator@highmarkhealth.org. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call the number on the back of your ID card (TTY: 711).

ATENCIÓN: Si usted habla español, servicios de asistencia lingüística, de forma gratuita, están disponibles para usted. Llame al número en la parte posterior de su tarjeta de identificación (TTY: 711).

请注意：如果您说中文，可向您提供免费语言协助服务。
请拨打您的身份证背面的号码（TTY：711）。

CHÚ Ý: Nếu quý vị nói tiếng Việt, chúng tôi cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Xin gọi số điện thoại ở mặt sau thẻ ID của quý vị (TTY: 711).

알림: 한국어를 사용하시는 분들을 위해 무료 통역이 제공됩니다. ID 카드 뒷면에 있는 번호로 전화하십시오 (TTY: 711).

ATENSYON: Kung nagsasalita ka ng Tagalog, may makukuha kang mga libreng serbisyong tulong sa wika. Tawagan ang numero sa likod ng iyong ID card (TTY: 711).

ВНИМАНИЕ: Если вы говорите по-русски, вы можете воспользоваться бесплатными услугами языковой поддержки. Позвоните по номеру, указанному на обороте вашей идентификационной карты (номер для текст-телефонных устройств (TTY): 711).

تنبيه: إذا كنت تتحدث اللغة العربية، فهناك خدمات المعاونة في اللغة المجانية متاحة لك. اتصل بالرقم الموجود خلف بطاقة هويتك (جهاز الاتصال لذوي صعوبات السمع والنطق: 711).

Kominike : Si se Kreyòl Ayisyen ou pale, gen sèvis entèprèt, gratis-ticheri, ki la pou ede w. Rele nan nimewo ki nan do kat idantite w la (TTY: 711).

ATTENTION: Si vous parlez français, les services d'assistance linguistique, gratuitement, sont à votre disposition. Appelez le numéro au dos de votre carte d'identité (TTY: 711).

UWAGA: Dla osób mówiących po polsku dostępna jest bezpłatna pomoc językowa. Zadzwoń pod numer podany na odwrocie karty ubezpieczenia zdrowotnego (TTY: 711).

ATENÇÃO: Se a sua língua é o português, temos atendimento gratuito para você no seu idioma. Ligue para o número no verso da sua identidade (TTY: 711).

ATTENZIONE: se parla italiano, per lei sono disponibili servizi di assistenza linguistica a titolo gratuito. Contatti il numero riportato sul retro della sua carta d'identità (TTY: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, steht Ihnen unsere fremdsprachliche Unterstützung kostenlos zur Verfügung. Rufen Sie dazu die auf der Rückseite Ihres Versicherungsausweises (TTY: 711) aufgeführte Nummer an.

注： 日本語が母国語の方は言語アシスタンス・サービスを無料でご利用いただけます。ID カードの裏に明記されている番号に電話をおかけください（TTY: 711）。

توجه: اگر شما به زبان فارسی صحبت می کنید، خدمات کمک زبان، به صورت رایگان، در دسترس شماست. با شماره واقع در پشت کارت شناسایی خود (TTY: 711) تماس بگیرید.

27750 04/2018 CS212169

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